

State Water Resources Control Board

Division of Drinking Water

December 7, 2015
System No.: 1610700

Mr. Alex Ramos, CEM Utility & Energy Manager
Lemoore Naval Air Station
750 Enterprise Avenue
NAS Lemoore, CA 93246

**RE: Citation No. 03_12_15C_024
Total Coliform Maximum Contaminant Level Violation
Title 22, California Code of Regulations, Section 64426.1
For Violation September and October 2015**

Dear Mr. Ramos:

Enclosed is a Citation issued to the Lemoore Naval Air Station (hereinafter "Water System") public water system.

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Board") hourly rate (currently estimated at \$153.00) for the time spent on issuance of this citation. The California Health and Safety Code Section 116577 provides that a public water system must reimburse the State Board for actual costs incurred by the State Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

The Water System will receive a bill sent from the State Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on Water System for the current fiscal year.

If you have any questions regarding this letter and the enclosed citation, please contact Mr. Eli McFarland of my staff or me at (559) 447-3300.

Sincerely,

Tricia A. Wathen, P.E.
Senior Sanitary Engineer, Visalia District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

TAW/LR
Enclosures
Certified Mail No. 7014 3490 0001 7868 9191
cc: Kings County Environmental Health Department

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

Name of Public Water System: Lemoore Naval Air Station

Water System No: 1610700

Attention: Mr. Alex Ramos, CEM Utility & Energy Manager
750 Enterprise Avenue
NAS Lemoore, CA 93246

Issued: December 7, 2015

CITATION FOR NONCOMPLIANCE

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION

TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 64426.1

SEPTEMBER AND OCTOBER 2015

Section 116650 of the California Health and Safety Code (hereinafter "CHSC"), authorizes the State Water Resources Control Board (hereinafter "State Board") to issue a citation to a public water system when the State Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

1 The State Board, acting by and through its Division of Drinking Water (hereinafter "Division")
2 and the Deputy Director for the Division, hereby issues this citation pursuant to Section 116650
3 of the CHSC to the Lemoore Naval Air Station (hereinafter "Water System") for violation of
4 CHSC, Section 116555(a)(1) and Title 22, California Code of Regulations (hereinafter "CCR"),
5 Section 64426.1.

6
7 A copy of the applicable statutes and regulations are included in Appendix 1, which is attached
8 hereto and incorporated by reference.

9 10 **STATEMENT OF FACTS**

11 The Water System is classified as a community water system serving a residential population
12 of approximately 11,500 persons through 1,799 service connections.

13
14 The Water System is required to collect a minimum of three (3) distribution system
15 bacteriological samples per week. The Division received laboratory results for twenty-one (21)
16 bacteriological samples collected during September 2015 from the Water System. Two (2) of
17 the twenty-one (21) samples analyzed detected the presence of total coliform bacteria and one
18 (1) of the two (2) coliform positive samples also detected the presence of *E. coli* bacteria. In
19 addition, three (3) of twenty-two (22) samples collected during the month of October 2015 were
20 also positive for total coliform bacteria. All water samples for coliform bacteria are summarized
21 in Attachment A.

22
23 In addition, the Water System previously failed the Total Coliform Maximum Contaminant Level
24 (MCL) for the month of July 2015.

DETERMINATION

Title 22, CCR, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL) states that a public water system is in violation of the total coliform MCL if it collects fewer than 40 bacteriological samples per month and more than one sample collected during any month is total coliform-positive.

The Water System took fewer than 40 bacteriological samples during September and October 2015. The results of two (2) samples were total coliform positive in September 2015 and three (3) samples were total coliform positive in October 2015. Therefore, the Division has determined that the Water System violated Title 22, CCR, Section 64426.1 during September and October 2015.

DIRECTIVES

The Water System is hereby directed to take the following actions:

1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
2. The Water System shall instruct their contracting laboratory to submit copies of all required bacteriological monitoring results directly to the Division pursuant to Section 64423.1(c)(2).
3. By **December 31, 2015**, the Water System shall submit a report to the Division that describes the incident and all corrective actions taken, and the results of the investigation. An investigative form (see Attachment C) titled "Positive Total Coliform Investigation" is provided as an example of the information that is needed.
4. The Water System shall review their current cross-connection control program and inspect their water system for potential new cross connection locations. By **April 30, 2016**, a report

1 shall be submitted to the Division that documents the cross-connection review of the water
2 distribution system by a certified specialist. The report should identify locations where
3 cross-connections are likely to occur and makes recommendations of backflow protection
4 needs. All necessary backflow prevention devices recommended shall be installed and
5 tested within 60 days of the Division's review of the report.

6
7 All submittals required by this Citation shall be submitted to the Division at the following
8 address:

9 Tricia Wathen, P.E., Senior Sanitary Engineer
10 State Water Resources Control Board
11 Division of Drinking Water, Visalia District
265 W. Bullard Ave, Suite 101
12 Fresno, CA 93704

13 The State Board reserves the right to make such modifications to the Citation as it may deem
14 necessary to protect public health and safety. Such modifications may be issued as
15 amendments to this Citation and shall be effective upon issuance.

16
17 Nothing in this Citation relieves the Water System of its obligation to meet the requirements of
18 the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section
19 116270), or any regulation, standard, permit or order issued or adopted thereunder.

20
21 **PARTIES BOUND**

22 This Citation shall apply to and be binding upon the Water System, its owners, shareholders,
23 officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Water System shall comply with each and every provision hereof, notwithstanding the effectiveness of any other provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Board to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Board, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Board. The State Board does not waive any further enforcement action by issuance of this Citation.

Tricia Wathen

Tricia Wathen, P.E.
Senior Sanitary Engineer, Visalia District
DRINKING WATER FIELD OPERATIONS BRANCH

December 7, 2015

Date

TAW/LR

Enclosures (6):

Appendix 1: Applicable Statutes and Regulations

Attachment A: Summary of Distribution Bacteriological Samples

Attachment B: Summary of Source Bacteriological Samples

Attachment C: Positive Total Coliform Investigation form for surface water systems

Attachment D1 & D2: Public Notices for September and October 2015

Attachment E1 & E2:

Proof of Notification Forms for September and October 2015

Certified Mail No. 7014 3490 0001 7868 9191



Bacteriological Distribution Monitoring Report

1610700 Lemoore Naval Air Station
Distribution System Freq: 3W

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	CI2	CI2 Avg	Viol. Type	GWR Satisfied?	Comments
10/15/2015	11 samples	<1.1	<1.1			Other	0.31-1.54				Split samples to Kings County Lab. Same sites as repeats.
10/15/2015	043 Simulator	<1	<1			Repeat	0.67				
10/15/2015	010 Ops Galley	<1	<1			Repeat	1.54				
10/15/2015	001 The Wing	<1	<1			Repeat	0.31				
10/15/2015	080 Telephone Branch	<1	<1			Repeat	3.6				
10/15/2015	559 Fire School	<1	<1			Other	1.03				
10/15/2015	977 Jet Mart	<1	<1			Repeat	0.55				
10/15/2015	965 Child Care Center	<1	<1			Repeat	1.46				
10/15/2015	3122A Privateer	<1	<1			Repeat	1.12				
10/15/2015	2544A Kennedy	<1	<1			Repeat	1.17				
10/15/2015	2545A Kennedy	<1	<1			Repeat	1.04				
10/15/2015	2546A Kennedy	<1	<1			Repeat	1.42				
10/13/2015	010 Ops Galley	P	A			Routine	1.16				
10/13/2015	559 Fire School	P	A		21	Other	0.93				
10/13/2015	2544A Kennedy	P	A			Routine	1.54				
10/13/2015	977 Jet Mart	P	A			Routine	0.68				
10/1/2015	9 samples	A	A			Routine	0.48-1.25				
9/17/2015	2810A Mustang	A	A			Repeat	1.03				
9/17/2015	2811 Mustang	A	A			Repeat	1.08				
9/17/2015	2808A Mustang	A	A			Repeat	0.97				
9/17/2015	HGR 5	A	A			Repeat	0.19			Yes	
9/17/2015	HGR 5 Washrack	A	A			Repeat	0.00				
9/17/2015	HGR 5 Mod Sink	A	A			Repeat	0.09				
9/15/2015	330 Hgr 5	P	P			Routine	0.15		MCL		
9/15/2015	2810A Mustang	P	A			Routine	1.02				
9/1/2015	13 samples	A	A			Routine	0.2-1.52				
8/1/2015	12 samples	A	A		93 to 220	Routine	0.14-2.2				
7/27/2015	2752B Belleau Wood	<1	<1			Repeat	0.49				
7/27/2015	2752A Belleau Wood	<1	<1			Repeat	0.46				
7/27/2015	2753A Belleau Wood	<1	<1			Repeat	0.46				
7/27/2015	3195 Bowling	<1	<1			Repeat	0.62				
7/27/2015	937 Hospital	<1	<1			Repeat	0.59				
7/27/2015	960 Water Survival	<1	<1			Repeat	0.50				
7/27/2015	440 Weapons	<1	<1			Repeat	0.29				
7/27/2015	437 Weapons	<1	<1			Repeat	0.00				
7/27/2015	472 Weapons	<1	<1			Repeat	0.05				
7/22/2015	2753A Belleau Wood	P	A			Routine	0.68		MCL		9/14/15 Issued Cit 03_12_15C_018.
7/22/2015	937 Hospital	P	A			Routine	1.05				
7/22/2015	440 Weapons	P	A			Routine	0.25				
7/10/2015	977 Jet Mart	<1	<1			Repeat	0.67				
7/10/2015	965 CCD	<1	<1			Repeat	0.79				
7/10/2015	3122A Simmons	<1	<1			Repeat	1.16				
7/10/2015	559 Fire School	<1	<1		1.0	Other	0.30				
7/10/2015	Bldg 50	<1	<1		<1	Other	1.31				

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
7/8/2015	559 Fire School	P	A			Other	0.48				
7/8/2015	977 Jet Mart	P	A			Routine	0.72				
7/1/2015	11 samples	A	A			Routine	0.05-1.73				
6/1/2015	12 samples	A	A			Routine	0.18-1.65				
5/1/2015	12 samples	A	A			Routine	0.09-3.5				
4/29/2015	3 samples	A	A		<1	Other	0.89-1.59				
4/17/2015	12 samples	<1	<1		<1-380	Other	0.04-0.58				In response to lab notification of positives, which were reported incorrectly. There were no coliform positive samples in April 2015.
4/1/2015	15 samples	A	A			Routine	0.06-1.73				
3/20/2015	737 CSP	<1	<1		<1	Repeat	0.23				
3/20/2015	700 Admin	<1	<1		<9	Repeat	0.15				
3/20/2015	736 PSD	<1	<1		<1	Repeat	0.51				
3/18/2015	722 Distribution	P	A		4800	Other	1.0				
3/16/2015	722 Distribution	P	A		1.0	Other	1.07				
3/11/2015	Fire School	P	A		3.0	Routine	0.59				
3/1/2015	11 samples	A	A		<1 to 1.0	Routine	0.3-3.6				
3/1/2015	8 samples	A	A		<1 to 5.0	Other	0.26-3.1				
2/1/2015	12 samples	A	A		<1-94	Routine	0.45-2.9				
1/1/2015	12 samples	A	A		<1 to 19	Routine	0.38-2.09				

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

Source Bacteriological Monitoring Report

1610700 Lemoore Naval Air Station

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
10/15/2015	18:30	722 Water Plant	Surface	MPN	<1	<1				
10/6/2015	9:50	722 Raw	Surface	MPN	>200	<1				
10/6/2015	9:55	Admin 07 Well	Well	MPN	1.0	<1				
9/1/2015	11:40	Admin 07 Well	Well	MPN	>200	<1				
9/1/2015	11:45	722 Raw	Surface	MPN	>200	<1				
8/5/2015	9:30	722 Raw	Surface	MPN	>23.0	<1.1				
7/10/2015	17:55	722 Trtd	Treatment	MPN	<1	<1		<1		
7/5/2015	9:40	Admin 07 Well	Well	MPN	>23.0	<1.1				
7/1/2015	10:53	Admin 07 Well	Well	MPN	5.3	<1				
7/1/2015	11:03	722 Raw	Surface	MPN	45	<1				
6/3/2015	10:55	722 Raw	Surface	MPN	43	<1				
6/3/2015	11:50	Admin 07 Well	Well	MPN	>200	<1				
5/13/2015	11:40	Admin 07 Well	Well	MPN	>200	<1				
5/6/2015	11:00	722 Raw	Surface	MPN	88	<1				
4/1/2015	10:00	722 Raw	Surface	MPN	120	<1			Other	
4/1/2015	12:25	Admin 07 Well	Well	MPN	130	<1				
3/25/2015	10:40	722 Raw	Surface	MPN	31	<1				
3/16/2015	10:25	722 Raw	Surface	MPN	31	<1				
3/11/2015	9:51	722 Raw	Surface	MPN	3.1	<1				
3/4/2015	12:10	722 Raw	Surface	MPN	9.9	<1				
3/4/2015	12:15	Admin 07 Well	Well	MPN	83	<1				
3/1/2015		722 Trtd: 3 samples (3/13,3/16,3/18)	Treatment	P/A	P	A		580-2800		CL2 = 1.57-2.4
3/1/2015		722 Trtd: 5 samples (3/4,3/11,3/16,3/20,3/25)	Treatment	P/A	A	A		all <1		CL2 = 1.07-2.9
2/25/2015	10:55	722 Raw	Surface	MPN	2.0	<1				
2/18/2015	10:00	722 Raw	Surface	MPN	3.1	<1				
2/11/2015	11:04	722 Raw	Surface	MPN	5.3	<1				
2/4/2015	10:20	722 Raw	Surface	MPN	6.4	<1				
2/4/2015	10:30	Admin Well 7	Well	MPN	1.0	<1				
2/1/2015		722 Trtd: 3 samples (2/11,2/18,2/25)	Treatment	P/A	A	A		<1 - 2.0		CL2 = 2.5-3.7
1/28/2015	9:10	722 Raw	Surface	MPN	1.0	<1				
1/21/2015	10:15	722 Raw	Well	MPN	3.1	<1				
1/14/2015	12:01	722 Raw	Surface	MPN	<1	<1				
1/7/2015	7:25	722 Raw	Surface	MPN	6.3	1.0				
1/7/2015	10:55	Admin 07 Well	Well	MPN	<1	<1				
1/1/2015		722 Trtd: 4 samples (raw wtr dates)	Treatment	P/A	A	A		<1		

POSITIVE TOTAL COLIFORM INVESTIGATION – SURFACE WATER SYSTEM

This form is intended to assist public water systems in completing the investigation required by the Division of Drinking Water (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:	PWSID NUMBER:																						
<table border="1"> <tr> <td>Name</td> <td>Address</td> <td>Telephone #</td> </tr> <tr> <td>Operator in Responsible Charge (ORC)</td> <td></td> <td></td> </tr> <tr> <td>Person that collected TC samples if different than ORC</td> <td></td> <td></td> </tr> <tr> <td>Owner</td> <td></td> <td></td> </tr> <tr> <td>Certified Laboratory for Microbiological Analyses</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Date Investigation Completed:</td> </tr> <tr> <td colspan="3">Name of Month(s) and Year of Total Coliform MCL Failure:</td> </tr> </table>			Name	Address	Telephone #	Operator in Responsible Charge (ORC)			Person that collected TC samples if different than ORC			Owner			Certified Laboratory for Microbiological Analyses			Date Investigation Completed:			Name of Month(s) and Year of Total Coliform MCL Failure:		
Name	Address	Telephone #																					
Operator in Responsible Charge (ORC)																							
Person that collected TC samples if different than ORC																							
Owner																							
Certified Laboratory for Microbiological Analyses																							
Date Investigation Completed:																							
Name of Month(s) and Year of Total Coliform MCL Failure:																							

INVESTIGATION DETAILS

SOURCE – RAW SURFACE WATER	SOURCE NAME	COMMENTS
1. Inspect the surface water intake for physical defects and report		
2. Is the intake secured to prevent unauthorized access?		
3. To what treatment plant (name) is the water supplied from this intake?		
4. How often do you collect a total coliform (TC) sample from the raw water?		
5. Provide the date and result of the last TC test at this location		
6. Is there any unusual condition at the intake?		
7. Any additional observation?		

TREATMENT	PLANT NAME	COMMENTS
PRE-FILTRATION TREATMENT		
1. Do you provide any treatment prior to filtration?		
2. If yes, specify type of treatment provided.		
3. Did you experience any problems with the pre-filtration treatment when the total coliform MCL happened? If yes, specify.		
4. Do you provide pre-chlorination?		
5. Specify the point of pre-chlorination?		
6. Was the chlorination system working properly when the TCR MCL was violated?		
7. Have you recently changed the pre-chlorination dosage?		
8. Any additional observation, information?		

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 2 of 6

TREATMENT	PLANT NAME	COMMENTS
FILTRATION TREATMENT		
1. What kind of filters do you have (Pressure or Gravity, Media specifications)		
2. How many filters are there?		
3. What is the capacity of each filter (gpm per sq ft.)?		
4. What is the capacity of the treatment plant in gpm?		
5. What is the filter loading rate for each filter?		
6. How many filters were in service when the total coliform MCL failure happened?		
7. Did any filter experience any operational problems when the failure happened?		
8. Did you experience any problems with the filter backwashing process?		
9. Did the combined effluent from the treatment plant experience any turbidity failures when the total coliform MCL failure happened?		
10. Did any individual filter exceed the turbidity standard when the failure happened?		
11. How often do you backwash your filters? Is it based on a timer or effluent turbidity?		
12. Are the filters backwashed with treated water? Specify backwash rate and duration.		
11. When was the last time you inspected your filter media?		
13. When was the last time you changed your filter media?		
14. Did you notice any mud balls in the filters when you last inspected your filters?		
15. Any additional observation, information?		
DISINFECTION TREATMENT		
1. What kind of disinfectant do you add?		
2. Where do you add the disinfectant (specify location)?		
3. What was the chlorine residual in the treatment plant effluent?		
4. What was the chlorine residual in the distribution system?		
5. Did the treatment plant effluent lose chlorine residual? If yes, how long?		
6. Did the distribution system lose chlorine residual? If yes, how long?		
7. If you provide continuous chlorination treatment, was there any equipment failure?		
8. Inspect each point where disinfectant is added and report		
a. For hypochlorination systems		
1) Is the disinfectant feed pump feeding disinfectant?		
2) What is the feed rate of disinfectant in ml/minute?		

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 3 of 6

TREATMENT	PLANT NAME	COMMENTS
3) What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCI)		
4) By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)		
5) What is the age (days) of the disinfectant solution currently being used at this treatment location?		
6) What is the raw water flow rate at the point where disinfectant is added in gallons per minute?		
7) What is the total chlorine residual measured immediately downstream from the point of application?		
8) What is the free chlorine residual measured immediately downstream from the point of application?		
9) What is the contact time in minutes from the point of disinfectant application to the CT compliance point?		
10) Did the treatment plant experience any CT failure due to inadequate chlorine dosage? If yes, specify what happened?		
11) Did the treatment plant experience any CT failure due to inadequate contact time? If yes, specify what happened?		
12) Any additional observation/information?		

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened and down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Are there any visible leaks in the tanks? Is the exterior of the tank corroded?					
6. Is the roof/cover of the tank sealed and free of any leaks?					
7. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site?					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 4 of 6

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?						
10. What is the volume of the storage tank in gallons? How old is the tank?						
11. Is the tank baffled?						
12. Prior to the TC+ or EC+, what was the previous date items #1-7 were checked and documented?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding?	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 5 of 6

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify location)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an <u>exterior</u> location or is it protected by an <u>enclosure</u> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems) ?				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Were there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located?	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne ? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 6 of 6

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____ TITLE: _____ DATE: _____

RECEIVED

DEC - 7 2015

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Lemoore Naval Air Station** of the failure to meet the **total coliform bacteria MCL** for the month of **September 2015** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on October 16, 2015
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☒ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: Email sent or hand-delivered to businesses; Door to Door Delivery in Housing, voice messages were left on parents-of-school-children phones, copies of notification provided at child-care centers.
- ☒ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published). Free copies of the Lemoore Navy News was delivered throughout the station (in the Admin, Housing, and Operations Areas.
- ☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations).

- ☐ Posted the notice on the Internet at www._____
- ☐ Other method used to notify customers. _____

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: T. JUNE WHEATON, Acting Installation Environmental Director

Date: Dec 4, 2015 Signature: T. June Wheaton

RECEIVED

DEC - 7 2015

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Lemoore Naval Air Station** of the failure to meet the **total coliform bacteria MCL** for the month of **October 2015** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on November 13, 2015
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☒ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: Email sent or hand-delivered to businesses; Door to Door Delivery in Housing, voice messages were left on parents-of-school-children phones, copies of notification provided at child-care centers.
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Certified by Name and Title: T. JUNE WHEATON, Acting Installation Environmental Director

Date: Dec 4, 2015 Signature: T. June Wheaton

Friday, October 16, 2015

Lemoore Navy News ■ Page A3

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Naval Air Station Lemoore Had Levels of Coliform Bacteria Above the Drinking Water Standard**What happened?**

Each month, we routinely take samples to monitor for the presence of drinking water contaminants. The standard is no more than one sample per month may show the presence of coliform bacteria. In September 2015, fifteen routine distribution samples were taken, with two of those samples showing the presence of coliform bacteria. The two sites were retested, along with four additional sites located nearby, and we did find any of these bacteria present.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- Coliform is not normally a cause of serious illness; however, it can be an indicator of other bacteria. Whenever coliform bacteria are detected, follow-up testing is performed to ensure no other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.** If we had, we would have notified you right away.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. If anyone has other health issues concerning the consumption of the water, you may wish to consult your doctor. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.

Corrective Action:

During a routine water sampling, bacteria above Drinking Water Standards were found at NAS Lemoore. This is not an emergency. If it had been, you would have been notified immediately. Most coliform bacteria are generally not harmful. Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other potentially-harmful bacteria may be present. Coliforms were found in more samples than allowed, and this was a warning of potential problems. Resamples were taken and found to be within standards. This is not an emergency; however, you have a right to know what happened, what you should do, and what we are doing to correct this situation.

The resampling consisted of collecting an additional six samples, and no coliform or bacteria of greater concern were found. An investigation is being conducted to determine the cause and if any further action is required.

Again, this is not an emergency, but you have a right to know what happened along with the subsequent actions.

For more information, please contact Frank Mulcahy, Deputy Public Works Officer, at (559) 998-4157 or at the following mailing address: 750 Enterprise Ave, NAS Lemoore, CA 93246.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by Naval Air Station Lemoore Public Works Department.

State Water System ID#: 1610700.

Date distributed: October 16, 2015.

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SWRCB-DDW
FRESNO FOB

Friday, November 13, 2015

Lemoore Navy News ■ Page A5

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Por favor hable con alguien que lo pueda traducir.

**Naval Air Station Lemoore Had Levels of Coliform Bacteria
Above the Drinking Water Standard**

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened, what you should do, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 12 samples to test for the presence of coliform bacteria in October 2015. Three of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria. The three sites were retested, along with six additional sites nearby, and we did not find any of these bacteria present.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. Coliforms are bacteria, which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. *Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or E. coli, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1 (800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

An investigation is being conducted to determine the cause and if any further action is required. The follow-up sampling consisted of collecting an additional 9 samples, and no coliform bacteria were present.

For more information, please contact Frank Mulcahy, Deputy Public Works Officer, at (559) 998-4157 or at the following mailing address: 750 Enterprise Ave, NAS Lemoore, CA 93246.

Please share this information with all the other people who drink this water, especially those who may not have received this public notice directly (e.g., people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail)

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This notice is being sent to you by Naval Air Station Lemoore Public Works Department.

State Water System ID#: 1610700.

Date distributed: November 13, 2015.

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